

**1. The incidence of all mistreatment of residents in residential aged care facilities and associated reporting and response mechanisms, including the treatment of whistle blowers**

*Incidence of all mistreatment of residents in residential aged care homes*

As the Director of Aged Care Matters, I hear a lot of anecdotal accounts of the mistreatment of residents in residential aged care homes. However, as a public health researcher and, my focus is on evidence of the mistreatment of residents

Data is required to provide *evidence* of the prevalence of the treatment of residents in aged care homes. Without rigorous data, it is not possible to have informed evidence-based discussions about standards of care in aged care homes.

Currently, most debate about standards of care in aged care homes is informed by opinions, not evidence. I often hear providers and politicians claim Australia has “world class” aged care homes without providing any evidence to support this claim.

I am extremely concerned that data about the prevalence of the mistreatment of residents in aged care homes is not publicly available. I have spent 2 years trying to encourage agencies to publish quality indicators such as incidence of:

- Pressure sores,
- Medication errors
- Weight loss
- Falls
- Infection rates
- Admissions to hospitals

I have also encouraged aged care homes to publish staffing levels, qualifications and training. There is a correlation between staffing numbers/skill set and mistreatment of residents in an aged care home.

Although StewartBrown, the Quality Agency and the Health Department collect this data, it is not publicly available. The Quality Agency does not even publish their reports from unannounced visits to aged care homes.

Access to reports from unannounced visits would enable consumers to make informed choices when selecting an aged care home. However, Members of Aged Care Sector Committee claim “these reports were more technical and, without explanation, may not provide useful information for consumers or their families” (minutes of the May 2017 obtained by FOI). This remark not only patronises those of us who seek this information but also limits critical independent research.

*Reporting and response mechanisms, including the treatment of whistle blowers*

When standards of care declined at my mother's aged care home, a group of relatives presented a list of grievances to the owner. The owner took these grievances seriously – and made the appropriate staff changes to restore standards of care. These changes included replacing the manager. This incident is documented in a report: *An aged care facility in crisis: Consumer action to improve standards of care*

<http://www.agedcarematters.net.au/wp-content/uploads/2017/12/AgedCareReport.pdf>

**2. The effectiveness of the Australian Aged Care Quality Agency, the Aged Care Complaints Commission, and the *Charter of Care Recipients' Rights and Responsibilities* in ensuring adequate consumer protection in residential aged care**

As the Director of Aged Care Matters, I hear many complaints about the Australian Aged Care Quality Agency and the Aged Care Complaints Commission.

I have serious concerns about the lack of effectiveness of the current process used to accredit aged care homes. My primary concern is the lack of measurable outcomes in the accreditation standards. I oppose reducing the current 44 accreditation standards to just 8 even more subjective ones.

**3. The adequacy of consumer protection arrangements for aged care residents who do not have family, friends or other representatives to help them exercise choice and their rights in care.**

It is assumed that aged care residents with family are able to exercise choice. This assumption underpins 'consumer directed care'. However, it is extremely difficult for residents with family to exercise choice in aged care homes. This is evidenced by the low rates of changing providers in the event of dissatisfaction.